

**The State Of Rhode Island and Providence Plantations
Minority and Disadvantaged
Business Enterprise**

**Uniform Certification
Application**

**FHAW Region
One States
Including:**

**Rhode Island
Connecticut
Maine
Massachusetts
New Hampshire
New Jersey
New York
Commonwealth Of Puerto Rico
Vermont**

The State of Rhode Island and Providence Plantations

Certification Application

Disadvantaged Business Enterprise And Minority Business Enterprise

PURPOSE:

The attached form is the application for certification as a Disadvantaged Business Enterprise under the Federal Disadvantaged Business Enterprise Program and the State of Rhode Island's Minority Business Program. This program was established pursuant to the Surface Transportation Uniform Relocation Assistance Act and implemented through 49 CFR Part 23, and 13 CFR Part 21 as well RIGL 37-14.1. Its purpose is to support the fullest participation of firms owned and controlled by minority, women and socially and economically disadvantaged individuals in the State of Rhode Island's and in the Department of Transportation's MBE/DBE Programs. This includes assisting MBEs and DBEs throughout the life of contracts in which they participate.

For assistance in completing this application, please contact the Department of Administration, Minority Business Enterprise Compliance Office at (401) 222 - 6670. The Minority Business Enterprise Compliance Office is the certifying agent for the Rhode Island Department of Transportation.

Please return the completed application and supporting documentation to:

**Minority Business Enterprise Compliance Office
c/o Economic Development Corporation
One West Exchange Street
5th Floor
Providence, Rhode Island 02903
(401) 222-6670**

Pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Law, the State may not disclose information submitted in an application, unless such disclosure is made pursuant to applicable Federal and State laws.

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General Instructions: (Please type or print clearly. Do not leave any spaces blank on the application.) If a question is not applicable to your business insert "N/A" in the space provided for your answer. You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

- 1a. **Name and Street Address of Applicant** (Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction").

- 1b. **"Doing Business As" (D/B/A) Name** (Complete if firm does business under an assumed or trade name that is different from its legal name.)

- 1c.

Mailing Address (Complete if different from street address.)

2. **Business Phone Number:** () _____ **FAX:** (....) _____

3. **Federal Employer Identification Number OR Social Security Number** (A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, contact your local US Internal Revenue Office. Sole proprietorships may submit social security number of the owner in lieu of the federal identification number.)

- 4a. **Name of Company President/Chief Executive Officer/Owner**

President:

Chief Executive Officer:

Owner:

- 4b. **Name and Title of Officer of the firm who can be contacted during the application review process.**

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5. **Does this firm have current Small Business Administration 8a (SBA) status? (circle appropriate answer)**
YES ☐ NO ☐ If YES, please attach a copy of the SBA letter of approval.

6. **Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority in this state? (circle appropriate answer)**
YES ☐ NO ☐ If YES, please identify agency, department or authority.

7a. **Type of ownership (Please specify business organizational Structure)**

_____ Sole Proprietorship _____ Certificate of Trade Name on file in _____
Date Established _____ County

_____ Partnership _____ Business Certificate for Partners on file in _____
Date Established _____ County

_____ Corporation _____ Certificate of Incorporation on file in _____
Date Established _____ State

7b. **Did the business exist under a different type of ownership prior to the date indicated in question 7a? (circle appropriate answer)**
YES ☐ NO ☐ If YES, Explain.

7c. **Has your Certificate of Incorporation or business certificate been amended since it was originally filed? (circle appropriate answer)**
YES ☐ NO ☐ If YES, Explain.

7d. **Method of Acquisition (Check all applicable):**

_____ Started New Business

_____ Other

_____ Bought Existing Business

_____ Secured Concession

_____ Inherited Business

_____ Merger or Consolidation

Date of Acquisition _____

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- 7e. Name & Position of all person(s) with ownership interest.**
None ☐ Check all that are applicable. If no positions are held, state 'none'.

Name: _____ Position: _____ M ☐ F ☐ Group: _____

Percentage Owned: _____ US Citizen: Yes ☐ No ☐ Resident Alien: Yes ☐ No ☐

Name: _____ Position: _____ M ☐ F ☐ Group: _____

Percentage Owned: _____ US Citizen: Yes ☐ No ☐ Resident Alien: Yes ☐ No ☐

Name: _____ Position: _____ M ☐ F ☐ Group: _____

Percentage Owned: _____ US Citizen: Yes ☐ No ☐ Resident Alien: Yes ☐ No ☐

Name: _____ Position: _____ M ☐ F ☐ Group: _____

Percentage Owned: _____ US Citizen: Yes ☐ No ☐ Resident Alien: Yes ☐ No ☐

*** Group Key (Please refer to Page 17 for definitions.)**

B Black A Asian-American N Native American W Women
H Hispanic P Portuguese O Other

- 8. Please identify the cash and capital contributions to the firm by those identified in 7e., including gifts, equipment, loans, and expertise.**

<u>Contributor/source</u>	<u>Amount/value</u>	<u>Type of contribution</u>

- 9a. If the firm is a partnership, please complete for all partners.**

Name: _____ Total Amount/Value of Contributions: _____

Date of Ownership: _____

Name: _____ Total Amount/Value of Contributions: _____

Date of Ownership: _____

Name: _____ Total Amount/Value of Contributions: _____

Date of Ownership: _____

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9b. If the firm is a corporation, please complete for all shareholders.

Name: _____ Common or Preferred: _____ # Shares Owned: _____

Date of Ownership: _____ Amount Paid when Purchased: _____

Name: _____ Common or Preferred: _____ # Shares Owned: _____

Date of Ownership: _____ Amount Paid when Purchased: _____

Name: _____ Common or Preferred: _____ # Shares Owned: _____

Date of Ownership: _____ Amount Paid when Purchased: _____

Name: _____ Common or Preferred: _____ # Shares Owned: _____

Date of Ownership: _____ Amount Paid when Purchased: _____

9c. If a corporation, number of shares:

Common Authorized _____ Common Issued _____

Preferred Authorized _____ Preferred Issued _____

**10. Gross Receipts (sales). Please provide gross receipts for the last 3 years
(If in business for less than 3 years, complete as applicable.)**

\$ _____ \$ _____ \$ _____

Current Year(_____) Last year(_____) Previous Year(_____) _____

11. Number of employees. (Please average over the past year.)

<u>Permanent</u>	<u>Temporary</u>	<u>Seasonal</u>
Full-Time _____	Full-Time _____	Full Time _____
Part-Time _____	Part-Time _____	Part-Time _____

12. If licensing, permits or accreditation is required to conduct the business, please identify:

Type of License/Permit: _____ Issued By: _____

Date Issued: _____ Exp. Date: _____ Holder/Registrant: _____

Type of License/Permit: _____ Issued By: _____

Date Issued: _____ Exp. Date: _____ Holder/Registrant: _____

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13a. Check all that best describe the business operation.

____ Construction Related

____ Consumer Services

____ Professional Service

____ Manufacturer/Supplier

____ Technical Service

____ Retail

____ Other (explain) _____

13b. Describe principal products/commodities sold, specialties or services offered. (Please explain.)

**14a. Identify those individuals responsible for managerial operations.
State if owner or non-owner**

** Group Key (Please refer to Page 17 for definitions.)*

B Black

A Asian-American

N Native American

W Women

H Hispanic

P Portuguese

O Other

A. Financial Decisions

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

B. Estimating

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

C. Preparing Bids

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

D. Negotiating Bonding

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

Name: _____ M ☐ F ☐ Group: _____ Owner: Yes ☐ No ☐

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E. Negotiating Insurance

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

F. Marketing & Sales

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

G. Hiring & Firing

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

H. Supervising Field Operations

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

I. Purchasing Equipment/Supplies

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

J. Managing & Signing Payroll

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

K. Negotiating Contracts

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

L. Signatory for Business Accounts

Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	M <input type="checkbox"/> F <input type="checkbox"/> Group:	Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>

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14b. Please identify additional staff persons.

Yes ☐ If any individual also works for another firm, please check yes and provide the person's name, his/her position, other firm's name, address and telephone number.)

*** Group Key** (Please refer to Page 17 for definitions.)

B Black **A** Asian-American **N** Native American **W** Women **H** Hispanic **P** Portuguese **O** Other

A. Office Staff

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐

Also Employed By: Telephone Number:

Address:

B. Field /supervisory staff

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐

Also Employed By: Telephone Number:

Address:

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐

Also Employed By: Telephone Number:

Address:

C. Estimator(s)

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐

Also Employed By: Telephone Number:

Address:

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐

Also Employed By: Telephone Number:

Address:

D. Controller

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐ Group:

Also Employed By: Telephone Number:

Address:

E. Consultant

(For firms involved in providing consultant/technical or advisory service.)

Name/Position: M ☐ F ☐ Group: Owner: Yes ☐ No ☐

Also Employed By: Telephone Number:

Address:

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14c. If this firm shares the following with any other firm, please provide the other firm's name, telephone number & Address.

A. Office Space

Name of Firm: _____ Telephone Number: () _____

Address: _____

Name of Firm: _____ Telephone Number: () _____

Address: _____

B. Yard Space

Name of Firm: _____ Telephone Number: () _____

Address: _____

Name of Firm: _____ Telephone Number: () _____

Address: _____

C. Equipment (include rentals)

Name of Firm: _____ Telephone Number: () _____

Address: _____

Name of Firm: _____ Telephone Number: () _____

Address: _____

Name of Firm: _____ Telephone Number: () _____

Address: _____

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15a. List rented, leased or owned warehouse, plant, yard and office facilities.

<u>Facility Type</u>	<u>Owner or name of Lessor and/or rental agent</u>	<u>If rented or leased, Amount of yearly rent payment</u>

15b. List major equipment or machinery that is owned or leased by the firm.

<u>Type</u>	<u>Depreciated Dollar Value</u>	<u>Acquisition Date</u>	<u>Payment Terms</u>

16. Do any principals, officers, board members and/or owners of the firm have an affiliation

(ie, business interest or employment) with any other firm?

YES ☐ NO ☐ If yes, please complete the following:

Name:	Name of Firm:
Address:	
Telephone: ()	Nature of Affiliation:
Nature of Business:	

Name:	Name of Firm:
Address:	
Telephone: ()	Nature of Affiliation:
Nature of Business:	

17. Attorney for firm:

Name:		
Address:		
City:	State & Zip:	Phone:

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18. CPA or Accountant for firm:

Name: _____

Address: _____

City: _____ State & Zip: _____ Phone: _____

19a. Has the firm applied for certification as an M/WBE or DBE with another governmental agency, department or authority?

YES ☐ NO ☐ If YES, complete the following:

1. Pending With:

Name of Agency: _____ Contact Person: _____

Telephone: () _____ Date Submitted: _____

Applied as (check appropriate): MBE _____ WBE _____ DBE _____

2. Certified By:

Name of Agency: _____ Contact Person: _____

Telephone: () _____ Date Approved: _____

Certified as (check appropriate): MBE _____ WBE _____ DBE _____

3. Registered by:

Name of Agency: _____ Contact Person: _____

Telephone: () _____ Date Approved: _____

Certified as(check appropriate): MBE _____ WBE _____ DBE _____

4. Withdrawn/Closed out:

Name of Agency: _____ Contact Person: _____

Telephone: () _____ Date Withdrawn: _____

Certified as(check appropriate): MBE _____ WBE _____ DBE _____

5. Rejected By:

Name of Agency: _____ Contact Person: _____

Telephone: () _____ Date Rejected: _____

Applied as(check appropriate): MBE _____ WBE _____ DBE _____

6. Denied By:

Name of Agency: _____ Contact Person: _____

Telephone: () _____ Date Denied: _____

Applied as(check appropriate): MBE _____ WBE _____ DBE _____

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7. Decertified By:

Name of Agency: _____ Contact Person: _____
Telephone: () _____ Date Decertified: _____
Certified as(check appropriate): MBE WBE DBE

- 19b. Are there appeals pending on any of the above applications or certifications?**
YES ☐ NO ☐ If yes complete the following:

Name of Agency: _____ Contact Person: _____
Telephone: () _____ Date Appealed: _____

- 20. List the three largest accounts for which the applicant has provided goods or services within the last two years:**

Name of Firm: _____ Telephone Number: () _____
Location of Project: _____
Duration of Project: _____ Amount of Contract: _____

Name of Firm: _____ Telephone Number: () _____
Location of Project: _____
Duration of Project: _____ Amount of Contract: _____

Name of Firm: _____ Telephone Number: () _____
Location of Project: _____
Duration of Project: _____ Amount of Contract: _____

- 21. Identify Bank(s) where Firm's Accounts are maintained.**

Name of bank: _____ Contact Person: _____
Address: _____ Telephone Number: () _____
Type of Account: _____ Number: _____
Type of Account: _____ Number: _____

- 22. Do you have a line of Credit? YES ___ NO ___ If YES, Identify.**

Source: _____ Credit Limit: _____
Name of Guarantor(s) _____
Source: _____ Credit Limit: _____
Name of Guarantor(s) _____

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- 23. List major current creditors and/or lenders and types of investments and/or loans in the firm.**

Creditor/lender:	Phone:
Type of investment/credit/loan:	
Dollar Value Investment:	
Terms of Credit/loan:	
Creditor/lender:	Phone:
Type of investment/credit/loan:	
Dollar Value Investment:	
Terms of Credit/loan:	

- 24. If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors.**

Firm:	% Owned:
Address:	
Phone:	

- 25. Is the firm bonded?:**
YES ☐ NO ☐ If yes, specify type and limit

Bonding Company:	Phone:
Address:	Contact:
Bonding Limit:	Type:

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Uniform Certification Application

This Application must be verified under oath in the following manner:

A. If the enterprise is a sole proprietorship, by owner; or if the enterprise is a partnership, by a partner; or

B. If the enterprise is a corporation, by the principal officer designated by the Board of Directors. All applicants MUST read and review all items preceding the verification before signing. These items contain responsibilities of the applicant rights retained by the State of Rhode Island and penalties that may be applied for false statements.

FIRST, this Application form, the supporting documents, and any other information provided in support of the Application are considered part of the Application. It is recognized and acknowledge that the information contained in this Application is given under oath and that any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the State of Rhode Island. In addition, the Applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the State of Rhode Island.

SECOND, pursuant to the provisions of the Personal Privacy Protection and Freedom of

Information Laws, an agency may not disclose information submitted in an Application, unless such disclosure is made pursuant to applicable federal and state laws. As provide in paragraph seven below, information, which an applicant request (in writing) to be held exempt, will be exempt from disclosure under the Rhode Island State Freedom of Information Law, if it qualifies as a trade secret or confidential information.

THIRD, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by the State of Rhode Island for the purpose of determining whether the Applicant qualifies, or continues to qualify as a DBE. If such examinations or interviews are refused by the Applicant, such refusal may be grounds for denying or revoking the Applicant's certification.

FOURTH, by filing this Application, the Applicant consents to inquiries that may be directed by the State of Rhode Island to the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the Applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the Applicant's certification.

FIFTH, the Applicant agrees to provide notice to the State of Rhode Island of any material change in the information contained in the original application within 30 days of such change.

SIXTH, certification is normally granted for a period of one (1) year. However, the State of Rhode Island may require the submission of a new Application, additional information, examinations of the Applicant's principals and employees at any time before the expiration of the one (1) year certification period. The Applicant's failure to submit such material, or to consent to such examinations and interviews shall be grounds for immediate revocation of certification.

SEVENTH, by filing this Application, the Applicant consents to the State of Rhode Island sharing reports, summaries, reviews, analyses, recommendations and determinations related to this Application with other certifying agencies, which may request such information as a result of the Applicant submitting this Application for Certification to those agencies.

EIGHTH, by filing this Application, the Applicant swears that they are a member of a definable minority group, woman, and/or an individual found to be both socially and economically disadvantaged. Pursuant to 13 CFR Chapter 124.105-106, the Applicant further acknowledges that their personal net worth does not exceed \$750,000.00, excluding the Applicant's ownership interest in the Applicant firm and the equity in his/her primary personal residence. The Applicant agrees to furnish appropriate supporting documentation in regard to this requirement.

I have read and acknowledge the foregoing.

Signature of Owner/Applicant

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VERIFICATION

- A) State of Rhode Island and Providence Plantations
SS.: _____
- B) _____, being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.
- C) _____, being duly sworn, states that he or she is the _____ of _____, the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

Signature

Print

Sworn to me before this _____ day
of _____, 20____

Notary Public

Date Commission Expires

Note: This page must be signed and notarized

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Supporting Documents

A. Required For All Applicants

Attach copies of the following, if applicable. Please indicate documents by checking appropriate boxes.

NOTE: If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.

- ☐ 1. Resumes of all principals, partners, officers and/or key employees of the firm as per 7(e), 9(a) and 14(a). Show home address and telephone number, education, training and employment with dates.
- ☐ 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level and limitations, if any.
- ☐ 3. Current financial statement.
- ☐ 4. Most recent three years' Business Federal Tax returns, including all schedules, where applicable.
- ☐ 5. Proof of sources of capitalization/investments.
- ☐ 6. Proof of ethnicity (ie, Birth Certificate, Baptismal Certificate, US Passport, etc.) Please include copy of tribal identification card or certificate if claiming to be a Native American.
- ☐ 7. Proof of US Citizenship (ie, Birth Certificate, Baptismal Certificate, US Passport, Naturalization Certificate, etc.)
- ☐ 8. Proof of permanent resident alien status ie, permanent resident ("green") card.
- ☐ 9. Lease Agreements per 15(a) and 15(b).
- ☐ 10. All third party agreements including: equipment rental, purchase agreements, management service agreements, joint venture agreements, etc.
- ☐ 11. Copies of last four (4) bonds issued to the company, include copy of signature page for all individuals who signed or co-signed on the bond.
- ☐ 12. Copies of all current loan agreements including loans made to the business by any owner and/or officer.
- ☐ 13. Any employment agreements.
- ☐ 14. Vehicle registration(s).
- ☐ 15. Any certification, decertification or denial of certification documentation.
- ☐ 16. Proof of Small Business Administration 8(a) Certification (copy of all approval letters).
- ☐ 17. Written request for exemption from disclosure regarding trade secrets.

B. REQUIRED FOR A SOLE PROPRIETORSHIP

(Attach copies of the following: Please indicate documents submitted by checking appropriate circles.)

- ☐ 1. Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk (if doing business under an assumed name).

C. REQUIRED FOR A PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP

(Attach copies of the following. Please indicate documents submitted by checking appropriate circles.)

- ☐ 1. Business Certificate
- ☐ 2. Partnership Agreement
- ☐ 3. Buy-out Rights

DEFINITIONS

DISADVANTAGED BUSINESS ENTERPRISE (DBE) - A small business concern which is at least fifty-one percent (51%) owned and controlled by one or more socially and economically disadvantaged individuals or in the case of a publicly owned business, at least fifty-one (51%)

of the stock of which is owned by one or more socially and economically disadvantaged individuals;

and whose management and daily business operations are controlled by one or more such individuals.

"Socially and economically disadvantaged individuals" are individuals who are citizens or lawful permanent residents of the United States the following groups are presumed to be both socially and economically disadvantaged:

Black Americans , which includes persons having origins in any of the Black Racial groups of Africa;

Hispanic Americans , which includes persons of Mexican, Puerto Rican, Cuban, Central or South America, Portuguese, or other Spanish culture or origin, regardless of race.

Asian-Americans , which includes persons having origins in any of the original peoples of the Far East, South East Asia, The Indian Subcontinent or the Pacific islands.

Native Americans , which includes persons who are American Indians, Eskimos, Aleuts or Native Hawaiians.

Portuguese , which includes persons of Brazilian or other Portuguese cultures or origins, regardless of race.

Women, regardless of race.

Members of other groups or other individuals found, on a case-by-case basis, to be economically and socially disadvantaged by the US Department of Transportation grant recipients or by the Small Business Administration under Section 8(a) of the Small Business Act, as amended (15 USC 637 (a)).

UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL, SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE.